

Certificate of Field Verification and Diagnostic Testing		MECH-4-HERS
Air Distribution System Leakage Diagnostic		(Page 1 of 2)
Project Name/Address:		
System Name or Identification/Tag:	System Location or Area Served:	
Enforcement Agency:		Permit Number:
<i>Note: Submit one Certificate of Field Verification and Diagnostic Testing for each system that must demonstrate compliance.</i>		Enforcement Agency Use: Checked by/Date
<p>When HERS verification compliance is demonstrated utilizing group sampling:</p> <p>For <u>new</u> buildings, the HERS rater must test and field verify the first individual single zone space conditioning unit of <u>each building</u>. After the first unit passes, the builder or the HERS rater shall identify a group of up to seven units in <u>the building</u> from which one sample will be selected for testing. If the first unit sampled fails the verification/diagnostic test, the HERS rater must pick another unit from the group for verification/testing. If the second unit in the group fails the verification/diagnostic test, the HERS rater is required to verify/test all package units in the group.</p> <p>For <u>existing</u> buildings the HERS rater must verify/test at least one sample from each designated sample group of single-zone space conditioning units a contractor installs. The same rules for re-sampling as required for new buildings, must be followed if a sample test fails to comply with the HERS verification requirements.</p>		
<input type="checkbox"/> When group sampling is used to demonstrate compliance with HERS verification requirements, the installer must provide a completed copy of the applicable Installation Certificate(s), and a copy of the completed Certificate(s) of Acceptance (MECH-4A) for every system in the HERS sample group. <input type="checkbox"/> In order to demonstrate compliance for <u>new duct systems</u> , where cloth-backed, rubber adhesive duct tape is installed, mastic and draw bands must used in combination with the cloth-backed, rubber adhesive duct tape to seal leaks at duct connections.		
DECLARATION STATEMENT		
<ul style="list-style-type: none"> I certify under penalty of perjury, under the laws of the State of California, the information provided on this form is true and correct. I am the certified HERS rater who performed the verification services identified and reported on this certificate (responsible rater). The installed feature, material, component, or manufactured device requiring HERS verification that is identified on this certificate (the installation) complies with the applicable requirements in Reference Nonresidential Appendices NA1, NA2, NA7, and the requirements specified on the Certificate(s) of Compliance approved by the local enforcement agency. The information reported on applicable sections of the Installation Certificate(s) that were signed and submitted by the person(s) responsible for the installation, and on applicable sections of the Certificate(s) of Acceptance that were signed and submitted by the person(s) responsible for the acceptance testing, conforms to the requirements specified on the Certificate(s) of Compliance approved by the enforcement agency. 		
Installation Contractor information as shown on the Installation Certificate		
Company Name: (Installing Subcontractor or General Contractor or Builder/Owner)		
Name of responsible person for the installation:	CSLB License:	
Acceptance Contractor information as shown on the Certificate of Acceptance		
Company Name:		
Name of responsible person for the acceptance verification :	CSLB License:	
HERS Provider Data Registry Information		
Sample Group # (if applicable):	<input type="checkbox"/> tested/verified system	<input type="checkbox"/> not-tested/verified system in a HERS sample group
HERS Rater Information		
HERS Rater Company Name:		
Responsible Rater's Name:	Responsible Rater's Signature:	
Responsible Rater's Certification Number with this HERS Provider:	Date Signed:	

Registration Number: _____ Registration Date/Time: _____ HERS Provider: _____

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Nominal Rated Fan Flow Calculations	Enter Values
1 Determine Nominal Rated Fan Flow using one of the following two calculation methods:	
a) Cooling system method: Nominal Cooling Capacity _____ (tons) x 400 (cfm/ton) = _____ (cfm)	
b) Heating system method (for heating only units): Output Capacity _____ (kBtuh) x 21.7 (cfm/kBtuh) = _____ (cfm)	
2 Enter the rated fan flow value from calculations 1(a) or 1(b) (cfm)	

Completely New or Replacement Duct System:			
3	Duct Pressurization Test Results (CFM @ 25 Pa). Enter Tested Leakage Flow in CFM:		
4	Pass if Leakage Percentage <6%: [_____ (Line # 3) / _____ (Line # 2)] x 100%	%	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Pre-existing Duct System with Duct Alteration and/or HVAC Equipment Change-Out:			
5	Enter Tested Leakage Flow in CFM: Pre-Test of Existing or Altered Duct System prior to Duct System Alteration and/or Equipment Change-Out.		
6	Enter Tested Leakage Flow in CFM: Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.		
Use one of the following three tests or verification standards for compliance:			
7	Pass if Leakage Percentage <15% [_____ (Line # 6) / _____ (Line # 2)] x 100%	%	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
8	For systems certified by the installer as reducing leakage, pass if Leakage Reduction is >60%. Leakage reduction = {1 - [_____ (Line#6) / _____ (Line#5)]} x 100%	%	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
9	Pass if all Accessible Leaks are sealed as confirmed by Visual Inspection and Verification by HERS rater (sampling rate 100%)		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	Pass if One of Lines # 7 through # 9 pass		<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Registration Number: _____ Registration Date/Time: _____ HERS Provider: _____